

10/25/94

POSIT. N	ID NO.	DATE
CLASSIFIER	5	10-5-94
EXAMINER	u/m	10/19/94
TYPIST	572	10/20/94
VERIFIER	10/m/6	10/25/94
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

# INDEX OF CLAIMS

Claim	Date
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Claim	Date
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## SYMBOLS

- ✓ ..... Rejected
- ..... Allowed
- (Through numbers) Canceled
- \* ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

(LEFT INSIDE)